



City of Fort Smith

Bi-Weekly (Per Paycheck) Premiums – Effective 01/01/2021

Waiting Period: All benefits go into effect the first day of the month after completion of 60 days of full-time employment.

Note: All premiums are set-up starting the first paycheck after the effective date of coverage.

MEDICAL PLAN			
Medical - \$2,000 Deductible			
Coverage Tier	Wellness Participant; Negative Tobacco Use	Wellness Participant; Positive Tobacco Use	Non-Wellness Participant
Employee Only	\$47.02	\$68.29	\$114.20
Employee + Spouse	\$94.80	\$137.68	\$230.23
Employee + Child(ren)	\$86.12	\$125.07	\$209.13
Family	\$133.88	\$194.45	\$325.15

Medical - \$1,250 Deductible			
Coverage Tier	Wellness Participant; Negative Tobacco use	Wellness Participant; Positive Tobacco Use	Non-Wellness Participant
Employee Only	\$68.15	\$91.27	\$141.17
Employee + Spouse	\$137.49	\$184.14	\$284.80
Employee + Child(ren)	\$124.88	\$167.25	\$258.69
Family	\$194.23	\$260.13	\$402.33

Medical - \$500 Deductible			
Coverage Tier	Wellness Participant; Negative Tobacco use	Wellness Participant; Positive Tobacco Use	Non-Wellness Participant
Employee Only	\$110.27	\$137.13	\$195.09
Employee + Spouse	\$222.79	\$277.06	\$394.16
Employee + Child(ren)	\$202.33	\$251.62	\$357.97
Family	\$314.85	\$391.54	\$557.04

DENTAL PLAN	
Dental (Delta Dental)	
Coverage Tier	
Employee Only	\$4.53
Employee + 1 Dependent	\$9.06
Employee + 2 or more Dependents	\$13.59

VISION PLAN	
Vision (Superior Vision)	
Coverage Tier	
Employee Only	\$0.79
Employee + 1 Dependent	\$1.54
Employee + 2 or more Dependents	\$2.27

VOLUNTARY TERM LIFE	
Life Insurance (Mutual of Omaha)	
Coverage Tier	
Employee Rate per \$1,000 of Coverage	\$0.1154
Spouse and/or Children Rate	\$1.11

ACCIDENT INSURANCE	
Accident (SunLife)	
Coverage Tier	
Employee Only	\$6.19
Employee + Spouse	\$9.63
Employee + Child(ren)	\$9.48
Family	\$12.92

SHORT TERM DISABILITY INSURANCE	
Short Term (Mutual of Omaha)	
Age Band	Rate Factor (times hourly rate)
< 20	0.4320
20 – 24	0.4987
25 – 29	0.5313
30 – 34	0.5427
35 – 39	0.5540
40 – 44	0.5647
45 – 49	0.5760
50 – 54	0.7200
55 – 59	0.8640
60 – 64	0.9967
65 – 69	1.1407
70 – 99	1.2740

CRITICAL ILLNESS INSURANCE		
Employee Critical Illness (SunLife)		
Age Band	\$10,000 in Coverage	\$20,000 in Coverage
0 – 29	\$5.92	\$9.11
30 – 39	\$7.72	\$12.71
40 - 49	\$12.20	\$21.66
50 – 59	\$19.63	\$36.52
60 – 69	\$29.97	\$57.20
70+	\$58.54	\$114.34

Spouse Critical Illness (SunLife)		
Age Band	\$5,000	\$10,000
0 – 29	\$4.33	\$5.92
30 – 39	\$5.23	\$7.72
40 - 49	\$7.47	\$12.20
50 – 59	\$11.18	\$19.63
60 – 69	\$16.35	\$29.97
70+	\$30.64	\$58.54

Children Critical Illness (SunLife)		
	\$5,000	\$10,000
	\$0.60	\$1.20